

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CERTIFICATE OF INCLUSIONARY ZONING COMPLIANCE (CIZC) APPLICATION

Consult the Instructions
 Guide to complete this
 application

SECTION A - BUILDING PERMIT AND PROJECT INFORMATION (All information must match building permit application, where applicable)											
1. Name of Inclusionary Development					2. Address(es) of Inclusionary Development						
3. Square/Suffix	4. Lot(s)	5. Ward	6. Zoning District		7. Zoning Commission or BZA Order (if applicable)		8. Building Permit Application Date: _____ Number: _____				
9. Owner of Building or Property			10. Owner Address (include ZIP code)				11. Owner Phone # & Email				
12. Agent for Owner			13. Agent Address (include ZIP code)				14. Agent Phone # & Email				
15. Is the development exempt from IZ per C-1001.6(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Is the development an RF conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Is the development an IZ "opt in" per C-1001.2(e)? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Does the project involve construction of penthouse habitable space? <input type="checkbox"/> Yes. Fill out Penthouse Affordable Housing Addendum <input type="checkbox"/> No		19. Construction Type (for Majority of Residential Units) <input type="checkbox"/> Type I <input type="checkbox"/> Other			
20. Total Land Area of the Lot(s) of the Inclusionary Development: _____ sq. ft.		21. Total Gross Floor Area (all uses): _____ sq. ft.		22. Total Residential Gross Floor Area: _____ sq. ft.		23. If the IZ requirement applies only to an addition per C-1001.4, the Total Residential Gross Floor Area of addition (or enter N/A): _____ sq. ft.					
24. Total <u>Residential Gross</u> Floor Area Including Residential Add-ons: Residential Gross Floor Area (Same as Box 22 or 23): _____ sq. ft. + Gross cellar area (when res. units are in cellar): _____ sq. ft. + Gross enclosed public space projections: _____ sq. ft. Total Residential Gross Floor Area for IZ Analysis (sum): _____ sq. ft.					25. Total <u>Net Residential</u> Floor Area Including Residential Add-ons: Net Residential Floor Area (Based on Box 22 or 23): _____ sq. ft. + Net cellar area (when res. units are in cellar): _____ sq. ft. + Net enclosed public space projections: _____ sq. ft. Total Net Residential Area for IZ Analysis (sum): _____ sq. ft.					26. Ratio of Box 25 ÷ Box 24 (totals): 0._____ 27. Factor yielding greater IZ (per C-1003): <input type="checkbox"/> 8% or <input type="checkbox"/> 10% of GFA <input type="checkbox"/> 50% or <input type="checkbox"/> 75% of bonus density	
28. Preliminary IZ requirement within the Development (the greater IZ requirement yielded from Box 27 factor in gross and net terms): (a) Residential Gross Floor Area: _____ sq. ft. (b) Net Residential Floor Area: _____ sq. ft.			29. If the Development is exclusively ownership units and will devote all IZ units to 60% of MFI, then a 20% reduction to Box 28(b) per C-1003.10 (or enter N/A): _____ sq. ft.		30. Penthouse IZ Requirement within building (See Penthouse Affordable Housing Addendum) or enter N/A: _____ sq. ft.		31. Is the Penthouse IZ Requirement fulfilled by payment to housing trust fund? <input type="checkbox"/> Yes <input type="checkbox"/> No				
					32. Total Net Residential IZ Required Within the Development: (Box 28(b) or Box 29) + (Box 30 if provided within the Development)) _____ sq. ft.						
SECTION B - IZ UNIT CLASSIFICATION											
Unit or Dwelling Type		All Units (#)	Market Rate Units (# and % of total Market Rate Units)	IZ Units (# and % of total IZ units)	IZ Income Set-Aside (#)						
					50% of MFI	60% of MFI	80% of MFI				
Multiple Dwellings	Studio units		#: _____ %: _____	#: _____ %: _____							
	1-bedroom units		#: _____ %: _____	#: _____ %: _____							
	2 or more bedroom units		#: _____ %: _____	#: _____ %: _____							
	Total		#: _____ %: _____	#: _____ %: _____							
Single household dwellings and flats	Single household dwellings		#: _____ %: _____	#: _____ %: _____							
	Flats		#: _____ %: _____	#: _____ %: _____							
SECTION C - IZ ITEMIZATION (If more than 10 units, continue unit information on a supplemental page)											
No.	Inclusionary Unit Number, Dwelling Address, or Lot	Floor Number	Net Square Feet	Number of Bedrooms	Income Set-Aside 50%, 60%, or 80% of MFI, or other	Tenure (Sale/Rental)	Estimated Date of Availability	Square feet added to Unit from Penthouse IZ Requirement			
1.											
2.											

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3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Total Net Residential IZ Proposed: _____ "sq. ft.						Total Added for Penthouse Requirement: _____ "sq. ft.			
SECTION D – OTHER IZ REQUIREMENTS									
1. Do the bedrooms meet the definition (per B-100.2)? <input type="checkbox"/> Yes <input type="checkbox"/> No			2. Tenure of all market rate units: <input type="checkbox"/> Sale <input type="checkbox"/> Rental			3. Will the construction be phased? <input type="checkbox"/> Yes (attach a phasing plan) <input type="checkbox"/> No			
4. Are any units reserved for tenant right of return? <input type="checkbox"/> Yes. If yes, list unit #s: _____ <input type="checkbox"/> No			5. Are any units “off-site units for another IZ development”? <input type="checkbox"/> Yes. If yes, provide BZA Order and list unit #s: _____ <input type="checkbox"/> No			6. Review Section G and check the box to acknowledge that necessary information and materials for the <i>Information</i> and <i>Analysis</i> checklists have been provided: <input type="checkbox"/>			
SECTION E – PROJECT ARCHITECT’S OR PROJECT ENGINEER’S INCLUSIONARY UNIT CERTIFICATION									
1. Name:			2. D.C. Lic. No.		3. Address: (include ZIP code)		4. Phone # and Email		
I certify to the best of my knowledge that the size of each Inclusionary Unit is at least ninety-eight percent (98%) of the average size of the same type of Market Rate unit in the Inclusionary Development, or at least ninety-eight percent (98%) of the size indicated on the table found in 14 DCMR Chapter 22 Inclusionary Zoning Implementation §2202.4(f).									
Signature of Project Architect/Engineer: _____						Date: _____			
SECTION F - APPLICANT’S SIGNATURES									
Owner: I hereby certify that I am the owner of the property, that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, construction will conform to the D.C. construction codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.									
Signature: _____			Address: _____			Date: _____			
Agent: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge, that if a permit (or permits) is issued, construction will conform to the D.C. construction codes, the Zoning Regulations, and other applicable laws and regulations of the District of Columbia.									
Signature: _____			Address: _____			Date: _____			
SECTION G - ZONING ADMINISTRATOR CHECKLIST (OFFICIAL USE ONLY)									
						Yes	No	N/A	Comments
Information: Is the application complete?									
1. Does CIZC information match the building permit application?						1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Floor plans and elevations (with IZ units identified in the floor plans)						2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. DC surveyor’s plat						3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. DHCD draft Inclusionary Development Covenant approval						4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Schedule of interior finishes, fixtures, equipment, and appliances comparing market rate and IZ units						5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Copy of phased development plan						6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Copy of Board of Zoning Adjustment or Zoning Commission Order						7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. DHCD letter of exemption from IZ						8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. \$250 application fee (made out to DC Treasurer)						9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	
10. Penthouse IZ Addendum						10. <input type="checkbox"/>	10. <input type="checkbox"/>	10. <input type="checkbox"/>	
11. Are all signatures present?						11. <input type="checkbox"/>	11. <input type="checkbox"/>	11. <input type="checkbox"/>	
Analysis: Does the application demonstrate compliance?									
1. Is the net square footage of the Inclusionary Units sufficient?						1. <input type="checkbox"/>	1. <input type="checkbox"/>	1. <input type="checkbox"/>	
2. Are the exterior design, materials and finishes of the Inclusionary Units comparable to the market rate units?						2. <input type="checkbox"/>	2. <input type="checkbox"/>	2. <input type="checkbox"/>	
3. Are interior finishes and appliances of the Inclusionary Units comparable to market rate units?						3. <input type="checkbox"/>	3. <input type="checkbox"/>	3. <input type="checkbox"/>	
4. Are the Inclusionary Units of the appropriate minimum size?						4. <input type="checkbox"/>	4. <input type="checkbox"/>	4. <input type="checkbox"/>	
5. Is the proportion of Inclusionary studio units less than the proportion of market rate studio units?						5. <input type="checkbox"/>	5. <input type="checkbox"/>	5. <input type="checkbox"/>	
6. Is the proportion of Inclusionary 1-bedroom units less than the proportion of market rate 1-bedroom units?						6. <input type="checkbox"/>	6. <input type="checkbox"/>	6. <input type="checkbox"/>	
7. Are Inclusionary Units overly concentrated on any floor?						7. <input type="checkbox"/>	7. <input type="checkbox"/>	7. <input type="checkbox"/>	
8. Are Inclusionary Units allocated appropriately to 50%, 60%, and 80% of MFI?						8. <input type="checkbox"/>	8. <input type="checkbox"/>	8. <input type="checkbox"/>	
9. Will the Inclusionary Units be constructed at a proportional rate to the market rate units?						9. <input type="checkbox"/>	9. <input type="checkbox"/>	9. <input type="checkbox"/>	
10. Are any Inclusionary Units located off-site?						10. <input type="checkbox"/>	10. <input type="checkbox"/>	10. <input type="checkbox"/>	
ZONING ADMINISTRATOR – This certifies that the Certificate of Inclusionary Zoning Compliance is hereby: <input type="checkbox"/> Approved <input type="checkbox"/> Denied due to the items checked above									
Signed: _____ Date: _____									